

**County of Los Angeles – Department of Mental Health**  
**OFFICE OF THE MENTAL HEALTH COMMISSION**

Thursday, May 23, 2013

~ **Approved Minutes** ~

**Please note the minutes are a brief summary and not a word for word transcription of events at this meeting.**

**Larry Gasco, Chairman, Presiding**

**1. Call to Order – Larry Gasco**

- The meeting was called to order by Larry Gasco
- Roll Call by Terry Lewis, Executive Director
- Attendance recorded as follows:  
Absent excused: Barry Perrou and Phillip Chen  
Approval of Minutes – Chair motion to approve April 2013 minutes, seconded, and carried.  
**MSC – Cooperberg/Perrou**

**2. Chairman's Report – Larry Gasco**

- **Executive Committee Report** – Chairman Gasco reported on items discussed at the May 9 meeting.
  - 1) Joint training with Orange County Commission for new commissioners
  - 2) Annual retreat – whose coming
  - 3) SAAC 1 meeting with Terry Lewis and Commissioner Cooperberg
  - 4) Recommendations for 14th Annual Profiles of Hope awards honorees.
- **MHC/SAAC Chairs** – Terry Lewis reported on the following items discussed at the May 14, 2013 meeting:
  - 1. Janssen Pharmaceutical Presentation
  - 2. SAAC 4 Chair
  - 3. Full recruitment on SAACs, glad every area in the county has a voice

**ACTION Item** – Place the conference call information on Executive Committee agenda for future meetings so Commissioners may join the meeting.

**3. Public Comments**

- Deborah Hills-Egemo- I would like to read a letter from a member
- Patricia Russell – I recommend that Dr. Southard and LADMH and the Mental Health Commission meet with The Education Based Incarceration Program, Dr. Steve Shea of Jail Mental Health, Lee Baca, Terri McDonald to discuss implementing a similar program for inmates in Jail Mental Health. EBI Contacts: Lieutenant LaMar Latave-213 473 2974, Captain Borman (Mike) -213 473 2975
- Jessica Smith – Hello my name is Jessica I am a member of MHS and a regional center client. I have many concerns regarding the ones including myself who has developed mental delays.
- Carl Myles - St. John's Missionary Baptist Church @ 741 E. Tenth Street, Long Beach 90813 needs blankets to assist the homeless. I am

experiencing a problem with securing housing @ Long Beach Senior Arts Colony because I get paid on the third and they don't want to wait 7 days on the rent. (Commissioner Huffman volunteered to assist Mr. Myles)

- Sawako Nitao – I am concerned about name training. It is so humor that the instructor cannot pronounce well the big words. But as a NAMI instructor I recommend to practice or review the materials before they instruct the students. And it is also sometime that many students want to share in the discussion.
- Gail Evanguelioi – 1) need a significant number of increased IMD beds, 2) need state of the art mental health hospital, and 3) need programs for substance abuse and mental health in the jails.
- Lolita S. Namocatcat – Full support Partnership scope of service serving the inmates may get involved. They do release planning participated by the Asian Pacific Counseling and Treatment Center and they also provide trainings and education among the qualified clients of the center.
- Archie Souder – Having problems getting repairs done in the apartment
- Dennis R. Miller – I want to let you know or remind you that the LACCC is having (hosting) the 2<sup>nd</sup> year Innovations conference for recovery June 3 at the California Endowment Center on Alameda June 3, 2013. Registration is important to the committee so that they know how to assist attendees. Losta resource tables to inform you on what is available to you and what we do as the LACCC to advocate for you.
- Sharon Lyles – Expressed interest in serving on the Commission for Second District.

4. **DMH Report – Marvin J. Southard, DSW, Director, reported the following:**

- **DMH**
  - a) The board recognized Metta World Peace and Stella March to honor May is Mental Health month.
  - b) The next planning process for MHSA is determining allocations and what is expected from MHSAOAC.
  - c) Expansion of Service Area 1 is to open an urgent care center and fully implement Laura's Law should funding be allocated from MHSA dollars.
  - d) Identify the best approach for integration of the health care model. Substance abuse integration is most difficult due to its complexity; finding the common connection between substance abuse and mental health.
  - e) Fee for service process will be eliminated. Mental health payments will be based on an overall community improvement rate. The Healthy Neighborhoods idea will focus on issues in communities for a positive or better outcome.

- **Legislative Report – Susan Rajlal, DMH Legislative Analyst**

Ms. Rajlal reported on the May revise and issues of concern. The economy is better but the budget lacked detail. There are varying opinions of how much dollars we have. How the Governor's proposal to take dollars from local counties was not clear.

Steinberg's call to Action – Senator Steinberg proposal is to increase state administration funding from 3.5% to 5% and use funding to provide services. The funding would provide mobile crisis support teams, crisis stabilization and crisis residential facility beds under grants.

5. **Nominations Committee Report – Jerry Lubin, Vice Chair**

Mr. Lubin announced the following slate of nominees

Chairman	Larry Gasco
Vice Chair	Herman DeBose
Secretary	Delores Huffman
Members at Large	Barry Perrou and Victoria Sofro
CALMHBC Coordinator	Frank Baron
Past Chair	Jerry Lubin

**Mr. Lubin opened the floor for nominations – None were made**

6. **Commissioners' Reports**

- **Commissioner Hayward McNeill** suggested that the Commission send a support letter in support of Senator Steinberg's call to action.
- **Commissioner Herman DeBose** extended thanks to the Executive Committee for moving the public comments item higher on the agenda. Commissioner further commended DMH for being proactive with the AV augmentation.
- **Commissioner Delores Huffman** attended the MHSA Housing Board meeting. The topic was communicating with tenants, developers, contractors, and landlords.
- **Commissioner Cooperberg** reported that she met with Antelope Valley Hospital board members regarding the AV urgent care center. The following costs was stated in Supervisor Antonovich funding of unmet needs:
  - \$4 million for the psychiatric urgent care facility
  - \$350 thousand for the MET program
  - \$220 thousand for shuttle transportation; \$180 thousand for subsequent funding

Ms. Cooperberg shared two articles featuring her work and advocacy educating DMH about the disparities in service area 1, see attached.

Ms. Cooperberg further stated the law enforcement training began with 50 officers. An additional 900 sworn officers will be trained in addition to 300 officers from Edwards Air Force Base.

- **Commissioner Gasco** made comments on CFL and the Stepping In conference. Commissioner Gasco asked DMH to assist in identifying someone to represent SAAC 2 at the MHC/SAAC Chairs and the full Commission meetings.

## 7. **SAAC/Community Reports/LACCC**

### **SAAC Reports**

**SAAC 1** – Jean Harris, SAAC Co-chair reported that at the last SAAC 1 meeting the group discussed:

- Housing 10K Homes
- Quality Improvement
- Unmet Needs
- SLT
- Sharing of Community Events
- Upcoming Health Care Fair

**SAAC 2** – Barbara Wilson – Wants to participate on the SAAC

**SAAC 8** – John Czernek announced mental health month activities and invited Commissioners in service area 8 to attend. The SAAC was excited to find out that the Village is moving next door.

**Los Angeles County Client Coalition (LACCC)** – Mark Karmatz announced the upcoming conferences

- Client Congress – June 28
- LACCC Meeting – 3rd Friday
- Innovations Conference – June 3

## 8. **Meeting adjourned/NEXT MEETING**

Thursday, June 27, 2013

11 am – 1:30 pm

Kenneth Hahn Hall of Administration - Room 739

500 West Temple Street

Los Angeles, CA 90012

Minutes prepared by Canetana Hurd

# Psychiatric urgent care center a vital need for AV <sup>5/9/13</sup>

I was perplexed by the tenor of Michael Rives' letter printed on May 5, which contained a number of erroneous assumptions and facts. The one statement I will concur with is that when it comes to mental health funding and resources, the feeling is that we've been treated as a stepchild of Los Angeles County. We have had to fight for every dollar and service in this area for many years, and we lag behind other service areas of the county in receiving our fair share.

As an appointee by Supervisor Michael Antonovich to the Los Angeles County Mental Health Commission, I am the first representative from the Antelope Valley, and I take very seriously my role as an advocate. For the past 1½ years, I have attempted to educate the Commission and the Department of Mental Health about the service disparities in the Valley, despite having the highest rates of depression and suicide in Los Angeles County.

The AV Service Area Advisory Committee, which advises the DMH, has identified five primary unmet mental health needs and we are working with DMH in addressing these. One unmet need is a psychiatric urgent care center, which was the issue I brought to the Antelope Valley Hospital board of trustees meeting on May 1. In his letter, Rives suggests the county's new Multi-Service Ambulatory Care Center house inpatient and outpatient services, presumably a psychiatric urgent care as

## Viewpoint

Judy Cooperberg



well, and that "the county has the means to take care of it all."

Allow me to provide accurate information about mental health services in the Valley. The L.A. County Department of Mental Health operates two adult outpatient clinics, contracts with several private nonprofit children's providers, one adult mental health provider and one older adult provider for outpatient and rehabilitation services.

In addition, they contract with AV Hospital for psychiatric beds. The sheer volume of need and population, plus expertise in specific areas of treatment, precludes any entity from being everything to everybody.

My logic in approaching AV Hospital for a possible co-location of a psychiatric urgent care center is threefold:

- It would reduce the huge number of people with mental health crises in the Emergency Room.

- It would divert people from more costly psychiatric inpatient care at AV Hospital or traveling to Olive View.

- It would provide a crisis stabilization location for law enforce-

ment that would not tie officers up for hours on end.

A psychiatric urgent care center must be accessible 24-7 in a hospital setting. The new county care center will not be an in-patient facility and would not meet legal requirements.

In collaboration with local law enforcement agencies, we have a consensus that a psychiatric urgent care center is a vital need in our community, along with a Mental Evaluation Team. Such a team is a unit including a specially trained sheriff's deputy and Department of Mental Health clinician who respond to psychiatric emergency calls in the field. It is a highly effective intervention, which we lack in the Antelope Valley.

The Lancaster Sheriff's station alone reports they respond to 2.6 mental health calls per day. That's a significant indication there are gaps that need to be addressed.

A time when we have the ear of the Mental Health Commission and director of the Department of Mental Health is when we have the opportunity to find solutions to our problems, not just bemoan our circumstances.

Collaboration is a hallmark of the Antelope Valley. I will continue to crusade for partnerships that better our community, save lives and provide hope.

*Judy Cooperberg is executive director of Mental Health America Antelope Valley Services, the area's largest nonprofit mental health service provider.*

### A note of thanks and some words of caution

Being a former candidate for the Antelope Valley Healthcare District Board of Directors and a regular attendee at the monthly board meetings at Antelope Valley Hospital, I would to comment on recent events at the hospital.

First of all, I am saddened by the sudden retirement of hospital CEO Ed Mirzabegian. I never approached him and left him without saying to him, "Thank you for the saving the hospital."

Everyone in town, including his critics in the unions, know the stability of it and the fine administrators we have running every department are due to his efforts. Sure, the hospital is experiencing some financial ups and downs now, but the whole economy is, also. I am gladdened, however, by his agreeing to stay on another six months part-time to advise on the transition after he leaves at the end of May. We need his expertise.

Secondly, I would to comment on Los Angeles County Mental Health Commissioner Judy Cooperman's proposal to have AV Hospital partner with the county on mental health issues. Contrary to popular belief, AV Hospital is not a county hospital or a charity hospital, even though it provides a tremendous amount of care to the indigent. The county is building a huge new healthcare center on Third Street East. I think it would behoove the county to provide inpatient mental health facilities there, as well as an outpatient clinic. Neither AV Hospital nor the county need to invest in new facilities or a partnership when the county has the means to take care of it all.

It is nice that mental health is coming up for discussion because

the AV has been a stepchild of the county for too many years on receiving assistance to handle mental health concerns, but to merge it with AV Hospital is not a good idea. Obamacare is coming, and it will be a headache enough for the hospital as it is.

5/5/13

Michael Rives  
Lancaster